



ANTERIOR KNEE PAIN REHAB PROTOCOL

Introduction

- This rehab protocol is intended for patients with anterior knee pain, patellar tilt, patellar subluxation, or patellofemoral chondromalacia.
- Goal: Minimize stress on the patellofemoral articulation, especially lateral patellofemoral articulation, while strengthening and stretching leg to allow return to full activity.

Phase I (0 to 2 weeks)

- Fit a patella-stabilizing brace.
- Modalities to decrease swelling, pain, and inflammation.
- Begin 4-way SLR, short arc quad (0 to 30 degrees), HS strengthening exercises.
- Begin stretching for quadriceps, hamstrings, gastrocnemius/soleus, ITB, as well as hip flexors.
- Patellar mobilizations – lateral glide, lateral tilt.
- Avoid aggravating activities:
 - Prolonged or deep squats.
 - Excessive stairs.
 - Pressure directly on knees (i.e. – carpet layers, scrubbing floors)
 - Weighted full arc knee extensions.

Phase II (3 to 6 weeks)

- Continue with brace, modalities, strengthening and flexibility.
- Begin closed chain exercises (i.e. partial lunges, mini-squats, wall slides).

Phase III (6 to 12 weeks)

- Continue as in phase II.
- Begin aerobic conditioning (i.e. bicycling with seat elevated, stair-stepper, walking, etc). Progressively increase duration of aerobic conditioning.

- Progressively increase weight for closed chain exercises.

Phase IV (after 12 weeks)

- Return to running, jumping, cutting sports.
- Brace wear only for sports participation, as needed.
- Emphasize life-time maintenance

A handwritten signature in purple ink, appearing to read "J.K. Lowry, MD". The signature is stylized and cursive, with a prominent "J" and "L".

Jason K. Lowry, MD